



Revisiting Healthcare Infrastructure Under National Health Mission: An Explorative Study Of District Budgam, Jammu And Kashmir

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Abstract

The present study is an exploration into the health care infrastructure in Budgam district of Jammu and Kashmir. The study further analyzes the role and impact of National Health Mission (NHM) in developing the health care infrastructure. The approach of the study is explorative-cum-analytical and makes use of primary-cum-secondary data sources. The findings of the study have revealed that there are huge modernized infrastructural gaps in the primary and secondary health care institutions of Budgam district. However, the NHM has taken a lead to modernize the health care infrastructure, but there are certain avenues that demand timely intervention and proper implementation of NHM. The challenges pertaining to online health services and round the clock services are the major challenges that health care institutions are facing. In this regard an inclusive and systematic approach for policy implementation should be focused upon.

Keywords: Accessibility, Development, Healthcare, Infrastructure, Mission, Technology

1. Introduction

Health and wellness has been prime concern and objective of human development efforts and ultimate goal of regional and global health policies. United Nations has kept human wellbeing on top priority while enunciating recent Sustainable Development Goals and impressed upon states to undertake urgent policy interventions for development of public health infrastructure and facilitate public health awareness at community level. World Health Organization (WHO) has released the report entitled “*The World Health Statistics 2020*” commenting on recent developments with regards to life expectancy and health-related Sustainable Development Goals (SDGs). The obesity, hypertension, and diseases related to school-age children are found to be the major public health challenges around the globe. It is revealed that the life expectancy and healthy life expectancy (HALE) have increased with average growth of 8% from 2000 to 2016.

India being a home to 1.34 billion strong populations also hosts the largest share of disadvantaged population who are socially and economically backward. According to *Global Multidimensional Poverty Index* nearly 228 million people in India are experiencing poverty. A total of 16.4% of Indian population is said to be poor that have experienced the multidimensional poverty at one or other stage (*MDI, 2022*). The poverty robs an individual from availing the basis facilities for sustainment purpose. The deprivation of basic facilities includes limited/ no education, lack of nutritive/adequate food, and non-availability of basic healthcare services. In the health perspective, the Indian government has put in place a pool of policies that will streamline the healthcare infrastructure and all the people have access to quality healthcare facilities.

In the above milieu, *National Health Mission (NHM)* is an initiative of Government of India that was inked in the year 2015. NHM primarily

envisages universal access to equitable, affordable and quality healthcare services that are accountable and responsive to public needs (*nhm.gov.in*). It is highly critical to address the issues pertaining to effective implementation of the programme in a positive orientation. All the stakeholders including administrative, paramedics and doctors should take a lead to make it participative in approach. In this regard, the present research work primarily intends to analyze the role of NHM in revamping and revitalizing the healthcare infrastructure under the shadow of National Health Mission in the Budgam district of Jammu and Kashmir.

2. Objectives of the Study

The present study is an exploration into the healthcare infrastructure under the ambit of National Health Mission in the Budgam district of Jammu and Kashmir. Considering the research gap and diversity of subject matter, research objectives have been framed. Research objectives are the set of outcomes that a researcher aims to achieve by conducting the research. Research objectives describe what is the orientation of researcher that he/she is supposed to accomplish? They summarize the approach and purpose of research. In this background, the present study has set in tune multiple research objectives that are in line with the research gap identified from the review of literature. Considering the diversity and orientation of subject matter, the present research work primarily aims to fulfill the following objectives:

- To explore the availability of basic healthcare infrastructure in the health sector in Budgam district of J&K.
- To explore and analyze the role of National Health Mission in the development of healthcare facilities in J&K.
- To analyze the public perception with respect to healthcare infrastructure under the ambit of NHM and the challenges thereby.

3. Research Methodology

Considering the diversification of subject matter; the nature of study is qualitative cum quantitative and the study has adopted an analytical approach to describe, explore and analyze the healthcare infrastructure in the

healthcare sector in the Budgam district of Jammu and Kashmir. Furthermore an exploration into the role of NHM in the development of basic healthcare services has been undertaken. Accordingly, the study has made use of primary cum secondary data for drawing the precise inference and fulfills the stated objectives. The secondary data sources include newspapers, research articles and journals and other published content including reports from Directorate of health services Jammu and Kashmir. While as, the primary data has been collected from four Primary Healthcare Centers (PHC's) namely Khag, Hanjora, Rathson, and Ompora of Budgam district of Jammu and Kashmir. A total of 110 respondents were selected from these PHC's and from each PHC 25 respondents were selected. The data from these respondents was collected through a structured questionnaire followed by a group discussion with 10 key respondents having expertise in healthcare policy implementation and monitoring mechanism. The data from primary sources has been presented under appropriate themes under tabulations and charts that make it easier for the reader to gain an insight into the subject matter.

4. National Health Mission: A Policy Outlook

India being a democratic sovereign state with 'welfare policy model' enshrined in the constitution itself, mandates upon federal and regional governments to frame public policies for the ultimate welfare of people. India ranks second in the world based on the size of population. Naturally, it becomes important to take care of its 1.38 billion populations and their health. Many economists, experts and international firms believe that India should take the competitive advantage of 'demographic dividend' since the percentage of young population is quite higher than any other country in the world (*Ali, Dhillon & Mohanty, 2019*). Government of India has taken various initiatives to plan and execute public health and safety policies for its people from time to time catering the diverse needs of people due to their varied lifestyle, climatic conditions, work cultures and others factors.

In order to keep the citizens physically and

mentally strong, and protect them from various illnesses, Government of India launched various flagship programs across the country including prominently emphasized “*National Health Mission*” encompassing two Sub-Missions, National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM). National Rural health Mission (NRHM) was launched on 12th April, 2005 by Government of India to address health concerns of rural population of India. Initially its prime focus was towards addressing health needs of rural population of 18 states of India which were identified having weak public health indicators. The launch of National Urban Health Mission (NUHM) was approved by the Union Cabinet on 1st May, 2013 as a Sub-Mission of an overarching National Health Mission (NHM). NHM focuses on Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+ A), Communicable and Non-Communicable Diseases. The mission envisages achievement of universal access to equitable, affordable, accountable, and responsive and quality universal health care services (both preventive and curative).

The core idea of the mission is to build a fully functioning, decentralized, community- owned health system with cross-sectoral convergence at all levels to ensure the simultaneous functioning of a broad spectrum of health determinants such as water, sanitation, education, nutrition, social equity and gender equality covering all the districts in the state, thereby providing overall health infrastructure. Institutional integration in a fragmented healthcare sector needed to focus on outcomes measured against Indian Public Health Standards for all healthcare facilities in the state of Jammu and Kashmir. Therefore, covering all major villages and towns with specialized healthcare and added facilities to enhance the capacity of the rural health infrastructure.

5. National Health Mission: A Reformative Initiative for Change

National Health Mission was launched with the intention of ensuring that even the most impoverished people in rural areas have access to affordable and high-quality medical care,

with a particular focus on those who are vulnerable. The primary objective of NHM is to provide rural communities, particularly disadvantaged groups, with basic healthcare facilities, that are equitable, easily accessible, and of high quality. In the context of the NHM, particular focus was placed on the states that are members of the Empowered Action Group (EAG), in addition to the states that are located in the Northeastern region, Jammu & Kashmir, and Himachal Pradesh. Building a fully functional, decentralized, community-owned health system with cross-sectoral convergence at all levels is the primary objective of this mission. This will ensure the simultaneous functioning of a wide range of health determinants, including water, sanitation, education, nutrition, social equity, and gender equality. In India's highly fragmented healthcare industry, institutional integration efforts have to centre on results assessed against Indian public health standards for each and every healthcare facility.

The National Health Policy 2017 mandated a gradual rise in spending on healthcare in India of above 1%, which resulted in a 2.6% overall increase. Its mission is to give all residents access to primary health care that is gratuitous, all-encompassing, and of the highest possible standard. The strategy is to encourage the development of human resources and infrastructure within the health sector so that services related to medical care can be provided on a volunteer basis. It also supports partnership between non-government organisations and the government in order to enable access to a doctor of the patient's choosing. In addition, the strategy promotes the implementation of both a comprehensive programme for the development of human resources and a logistical network to support the ongoing enhancement of healthcare services. To be able to provide complete care, it is furthermore required to modernise the infrastructures of the institutions. Through a combination of documenting, validating, and conducting research on traditional medicines, the purpose of this strategy is to facilitate access to AYUSH healthcare services of a high standard. Utilizing digital health technology to create two-way systemic linkages across the different

levels of care would be beneficial to ensuring continuity of treatment. In the long run, these actions could make it easier to realise the healthcare-related goals that have been outlined within the framework of the Sustainable Development Goals.

Having good health is a priceless blessing. As a result, the primary objective of the healthcare system is to improve the general population's overall state of health. The National Rural Health Mission (NRHM) was established in 2005 in India with the purpose of bringing about significant changes in India's health system. These changes were intended to be brought about by ushering in a new era of infrastructure development, innovative financing, and strengthening of health governance through increased investment within the public health system. These changes were to revolve around the concept of "communalization," which refers to the community taking ownership of the health system. It is one of the programmes that would assist in meeting the Sustainable Development Goals connected to "Health" in a timely manner. The study has been done on the implementation and effects of these changes, but there is not a lot of systematic research that has been done on how these changes will be integrated into the health system (Rotberg, 2014). Particularly in rural regions, it was the goal of the National Rural Health Mission to make certain that people from all walks of life have uncomplicated access to standard levels of medical treatment. The National Rural Health Mission was established with the intention of guaranteeing that all people have equivalent access to healthcare of the highest possible standard. It centered on enhancing the health system's standards of care, management capabilities, and financial adaptability. Standards, governance, and community involvement are the fundamental components that make up the NRHM infrastructure.

The process of communalization also included the implementation of an accountability system that is based on the community (Sriram, 2019). This component offered a structure that allowed for the efficient administration of a wide variety of responsibilities and pursuits within a community. The establishment of

health and sanitation committees at the neighborhood level was a part of this aspect of community-based responsibility. Capacity building has been significantly improved as a result of community-based monitoring. As was intended, groups representing civil society worked to build up their capacity and took part in monitoring the services provided at the first care level. The government would take measures to ensure that each member of the staff was given an opportunity to participate in the procedures through which monitoring findings were discussed and plans were formulated or adjusted accordingly (Ramadi and Srinivasan, 2021). Despite the fact that the death rate for children under the age of five is falling, India has among of the highest maternal and child health mortality rates in the world. According to the findings of the NFHS in India, out of a total population of over 10 million people, nearly 68% of newborn infants do not obtain the minimum necessary level of medical care within the first 14 days after delivery.

It has been demonstrated via empirical research that the involvement of frontline health workers (FHWs) in India has a significant effect in both the usage of maternal healthcare services and the results of those services. In the context of the delivery of healthcare in India, Frontline Health Workers are an essential component of the Mother-Child Healthcare services. In particular, they are responsible for disseminating the necessary information regarding the government's flagship programmes operating within the realm of medical care (Gaitonde, San Sebastian and Hurtig, 2020). The general public's comprehension of the significance of maternal and child healthcare services has improved as a direct result of the proliferation of these types of facilities. Because of this, the country's healthcare system is getting better all over, which is contributing to the overall development. In 2005 and 2013, under the auspices of a variety of government initiatives, existing rural health networks' Frontline Health Workers were given additional training and resources in order to bridge the skilled workforce gap and enhance the quality of healthcare provided to vulnerable population groups. Target specificity of India's National Rural Health Mission (NRHM) has been

remarkable, as in cohesion with India's National Urban Health Mission (NUHM), India came close to achieving health-related Millennium Development Goals and is marching on to achieve Sustainable Development Goal targets regarding healthcare (*Krishnan and Immanuel, 2017*).

The most impressive thing that NRHM has done is that it has been able to effectively put quite ten lac grass-root community health activists (also known as Accredited Social Health Activists) in villages across India. In spite of this tremendous success, one of the most important things that have to be addressed is the availability of specialized doctors at the peripheral levels. To this day, the policies that have been implemented as part of this programme in an effort to attract specialist doctors to rural regions by giving greater incentives, handsome payments, and varied working circumstances have not been successful in accomplishing their goals (*Shukla, 2007*).

It would appear that the standard of medical care has increased as a direct result of the modernization of operating theatres, labour and delivery rooms, and infant care centres. Several District Hospitals and Sub District Hospitals have been operating at a satisfactory level in terms of the availability and functionality of their respective equipment. On the other hand, in certain circumstances, it requires an expansion of the facilities, such as controlling the rush of patients in the Outpatient Departments. The inability to provide women with privacy protections during obstetric treatment is a barrier to the provision of quality maternity services. Institutional delivery processes at certain public health centres lack enough provisions for patients' privacy, as well as adequate equipment, a water system, and infection control in the delivery room.

The quality of the service provided in Jammu and Kashmir has been raised as a result of improvements made under the NRHM and the timely distribution of additional budgetary resources. There is an immediate and pressing need to take corrective actions in order to

redress the imbalance in the deployment of human resources and physical infrastructure. Accredited Social Health Activists (ASHA), of whom there are 11916 in total within the Union Territory, are given the opportunity to participate in training that is broken up into two segments or sessions and are given drug kits that include necessary medications and pieces of equipment. Despite this, these kits have not been improved or changed in any way. The majority of them paid for patient referral services out of their own pockets so that patients may be brought to medical institutions. It has brought about a decline in morale as a consequence. The vast majority of ASHAs are cognizant of the responsibility that they bear toward society. These personnel are the ones that assist in planning health-related events that are held under the sub-center. Generally speaking, incentive payments for ASHAs are getting held up.

6. Infrastructure and Services under NHM: An Exploration

Jammu and Kashmir state government has initiated the National Rural Health Mission in the state in order to fulfill the requirements of the National Health Mission. *Marten, et.al (2014)* emphasized concept of Universal Health Coverage to ensure optimum basic health care services. There has been a significant increase in the number of activities over the past couple of years, which is evidence that the state has been successful in implementing NHM. There are now ASHAs in place, Village Health and Sanitations Committees (VHSC's) that have been formed, and joint accounts that have been set up and are being used. The introduction of JSY has led to an increase in the number of births that occur in institutions. There has been some brief information emphasized on development vis-a-vis challenges, which includes the following:

Infrastructure Improvements: In total, 96 primary health care centres (PHCs) have been given an additional three staff nurses in order to make them operational for 24x7 service, 39 community health centres (CHCs) are operating on a 24x7 basis, and facility surveys have been carried out in 70 different locations.

There are currently 39 CHCs and other levels, in addition to 14 District Hospitals that are operating as FRUs. Only two of the districts have a mobile medical unit (MMU) that is operational.

Staffing and Recruiting: There are a total of 9764 ASHA that are chosen. In the first module, there were 9500 people trained, and in the second module, there were 2965. There are 9500 ASHAs distributed throughout the medicine packages. The addition of the second ANM strengthens a total of 212 SCs. There have been 357 contract AYUSH doctors appointed around the state, working at a variety of various levels of institutions. Under the NRHM, contractual appointments have been made for a total of 342 paramedics, 8 specialists, 176 MBBS doctors, 231 staff nurses, and 297 assistant nurse midwives.

Services

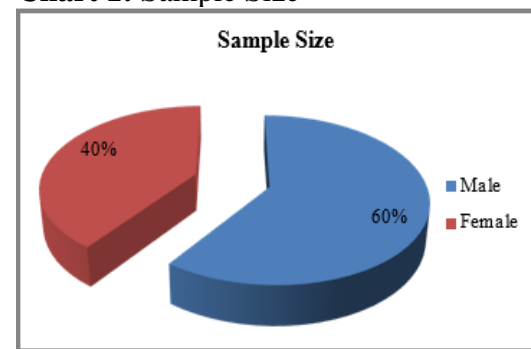
The number of births that occurred in hospitals increased from 1.31 lakhs in the 2019-22 fiscal year to 1.51 lakhs in the 2019-22 fiscal year, and a further 1.52 lakhs hospital births were reported in the state during the 2019-22 year. The number of people who benefited from the JSY fell from 0.13 lakhs in 2019-22 to 0.11 lakhs in 2019-22. During the 2019-22 school years, there were a total of 0.7 lakh students who benefited from the JSY. The number of females who have been sterilized rose from 0.13 lakh in 2019-22 to 0.20 lakh in 2019-22, while the number of males who have been sterilized rose from 537 in 2019-22 to 1499. There have been 1,797 male sterilizations and 19616 female sterilizations performed so far in 2019-22. Up to this point, only 8 districts are actively adopting IMNCI, and 75 individuals have been trained. Since the beginning of the NRHM programme, 14,332 VHND have been awarded.

In the above context, *Yangchen, D. et.al (2015)* has stated that poverty, insufficient healthcenters, and ineffective health systems are the prime responsible factors behind the maternal deaths. The Government of India sponsors “Janani Suraksha Yojana” schemes 100% and implements it in all the states and union territories. There is timely demand for micro birth planning, referral transport, early

registrations, family planning and health counseling. *Naseer & Qadri (2020)* have stated that there is a gap, imbalance, inaccessibility and exclusion in health services quality and delivery. There is a dire need of service infusion policy interventions and strategies to deliver quality health services. In the above background, *District Health Society Budgam (2007)* enunciated that Infrastructure such as building/hospitals, skilled health professionals have remained a big concern for the District Health System in Budgam district.

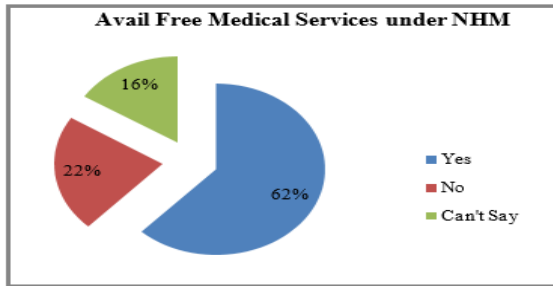
7. Data Interpretation and Analysis

Chart 1: Sample Size



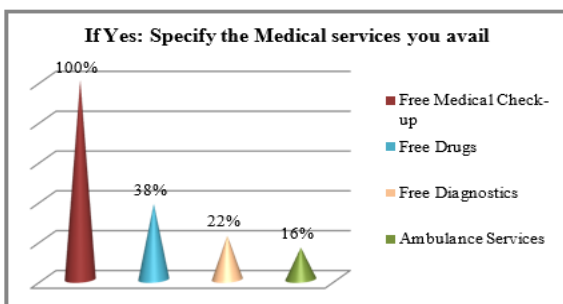
Present study is an exploration into the role of National Health Mission in revitalizing the healthcare infrastructure in the Budgam district of Jammu and Kashmir. The study being quantitative in nature has made use of primary data sources collected by means of a structured questionnaire. The data has been collected from respondents (patients) from four Primary Health Center's (PHC's) of district Budgam J&K. From each PHC namely Khag, Hanjora, Rathson, and Ompora, 25 respondents were selected and questionnaires were administered having close ended questions. Furthermore, the inclusivity of sample was maintained in terms of gender where female respondents were also given opportunity to share their viewpoints in a neutral approach. The respondents were at flexibility to present their valuable suggestions for revamping and bringing quality services under the shadow of PHC's in the Budgam district of Jammu and Kashmir. Accordingly, the findings of the study have been presented under different themes subjected to coherency and consistency.

Chart 2: Avail Medical Services under NHM



India after independence has adopted the welfare model of governance, where the primacy was given to the socio-economic upliftment and inclusion of disadvantaged sections in the mainstream. The core areas of focus were education, employment, infrastructure, health and others. In terms of health, the Government of India in line with constitutional ideals has paved the way for affordable and inclusive healthcare services. In this background, National Health Mission was put in place with the intention to supplement the accessibility and affordability of healthcare services in the state-run healthcare facilities. In this context, the data has revealed that 62% of respondents avail free medical facilities under the shadow of NHM. While as 22% of respondents have stated that they do not avail any free medical facility under NHM and 16% of respondents have shown neutral stance on the given fact. Therefore, it can be inferred from the data that people are actively availing the services under the shadow of NHM. However, there are certain intrinsic loopholes that demand the timely intervention to remedy them.

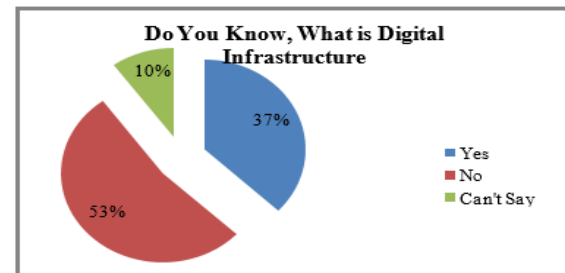
Chart 3: If Yes: Specify the Medical services You Avail



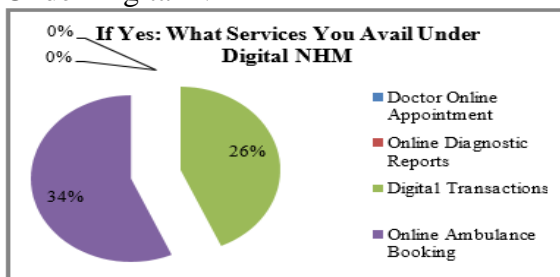
National Health Mission has revolutionized the healthcare infrastructure across the regions in India and more particularly in the erstwhile state of Jammu and Kashmir. There are multitudes of services that are being provided

under the shadow of National Health Mission. In this background, 100% of the respondents have agreed that they avail free medical check-up and 38% of respondent have stated that they avail free drugs/medicines under NHM. While as 22% of respondents avail free diagnostic services and 16% of respondents avail ambulance services. Therefore, it can be inferred from the data that services under NHM are accessible to people, however the non-availability of all types of medicines and other diagnostic services adds cost burden to them. Therefore, the emerging issues in terms of healthcare facilities should be looked according and timely intervention should a priority.

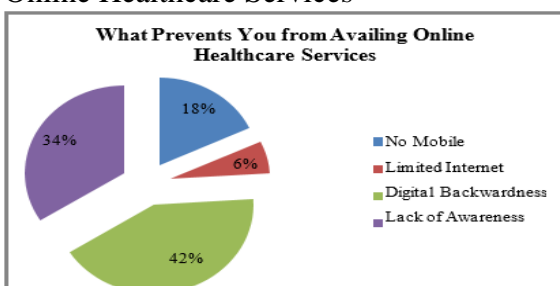
Chart 4: Do You Know, What is Digital Infrastructure



The modern era has witnessed digital influx that has revolutionized every sphere of human existence. Digitalization has utility in education, employment, healthcare and other aspects. Considering the utility of digital infrastructure in the healthcare sector, it becomes imperative that people are well versed with the role and usage of digital services. In this background, 37% of respondents have stated that they have knowledge about digital infrastructure. While as majority of the respondents have negated the notion associated with the knowledge of digital infrastructure and 10% of respondents have shown neutral stance on the given fact. Therefore, to garner greater dividends of digital services, it becomes important that people should be educated with respect to role and usage of digital services in the realm of healthcare sector and all the digital services should be communicated to people in real time. The lack of timely communication and knowledge defeats the basic purpose of digital service and it adds hardships to governance and people at large.

Chart 5: If Yes: What Services You Avail Under Digital NHM

Under the shadow of National Health Mission, digitalized services have been made accessible to the people. The usage of these digitally enabled services will depend upon the access and digital knowledge of the common people. In this background, the data has revealed that 26% of respondents undertake digital transactions and 34% use online services to book/call an ambulance. Therefore, it can be inferred from the data that digital influx is quite minimal in the PHC's and this lack of services adds additional burden upon the people. The key respondents in this regard have stated that non availability of online diagnostic reports and other services adds financial burden upon the poor people. Furthermore, the people at large should be educated with respect to the usage and role of digital gadgets including internet, mobile phone and others in availing the medical facilities. The key respondents have added that minimal finances allocation under the shadow of NHM may limit the scope of digitalization in health services.

Chart 6: What Prevents You from Availing Online Healthcare Services

The government terms digitalization as a hallmark that has revolutionized all the socio-economic facets of social existence. In this context, the untimely and delay in implementation of digital infrastructure in healthcare sector may affect the delivery of healthcare services. While on the other hand, the onus of

not availing the basic healthcare services attributes to patients also. There are variety of reasons that prevent the patients from availing the basic and online healthcare services. According to the data, 18% of respondents have no mobile phones and 6% respondents have limited internet access that prevents them from availing any online health facility. While as 42% of respondents have no exposure to digital services and 34% respondents lack basic knowledge of online healthcare services. Therefore, it can be inferred from data that there are certain inherent reasons that act as a barrier in the way of availing online healthcare services. In this context, the key respondents have stated that media and local level governance bodies should take a lead to educate the public with respect to the online delivery of healthcare services. To strengthen the cost-effective and accessibility healthcare objectives under the shadow of NHM, the medical fraternity should also take a lead to disseminate the knowledge of online healthcare services to people at large.

8. Relevance of the Study

With regard to the coherence of subject matter, the findings of the study have revealed that there is huge infrastructural gap in the healthcare institution in the Budgam district. NHM has played a key role to revitalize the healthcare infrastructure. In this context, the significance of the study is quite impressive as study explores the unexplored in the realm of healthcare infrastructure in Jammu & Kashmir. The study is relevant in the modern context and the relevance has been presented as under:

- The study has explored the infrastructural gaps in the primary healthcare sector in district Budgam.
- The study will craft awareness among people/patients with respect to the services provided under the shadow of NHM.
- The study will explore the loopholes in context to digital infrastructure that prevents the populace at large to avail online medical facilities.
- Lastly, the study is relevant in modern context as it explores the issues pertaining to accessibility of quality healthcare services under NHM in district Budgam.

9. Challenges Associated with NHM

General Observations:

- For Annual Maintenance Grants. State incurred more than 100% expenditure.
- Out of Rs.91.25 crores approved by the NPCC and Rs. 20.18 Crores released, of now state has utilized Rs.66.82 Crores i.e. 73% of approved PIP, which is comparatively a good achievement as compared to the national average during the fiscal year.
- There is 80% increase in the expenditure as compared to previous years.
- An amount of Rs.192.29 crores was released to the state, Rs.107.55 Crores (56%) is utilized and Rs.84.74 Crores (44%) remains unutilized since the start of the programme.

Areas of Concern:

- Total expenditure under NRHM programme is Rs.6682 lakhs, but the FMR Submitted shows an expenditure of Rs.6804 lakhs.
- More than 100% expenditure has been incurred under NRHM management costs/contingencies.
- To enhance the performance under Additional Contractual staff, Incentive Schemes, Procurement and Health Insurance Scheme needs to be improved to benefit the employees at large.

10. Way Forward

National Health Mission turned to be the greatest milestone of government in the realm of healthcare. NHM has revitalized the basic healthcare facilities/services and infrastructure for garnering greater accessibility and affordability of healthcare services. It has streamlined the healthcare infrastructure and added inclusivity in terms of accessibility to quality healthcare infrastructure. The public is quite satisfied with the services under the shadow of NHM. However, there are certain areas that demand the timely intervention. The core areas where intervention is much needed includes the communication and knowledge of digital initiatives to public, awareness among the people how to make use of digital services and development of people friendly infrastructure in Primary Healthcare Centres. Furthermore, more and more funds are required for developing the modernized infrastructure (Ali,

et al., 2019).

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